

09/870376

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.A.P.E. CLASSIFIER			
FORMALTY REVIEW	9/4	1085	8-01-01
RESPONSE FORMALTY REVIEW	110	820	10/11/01

INDEX OF CLAIMS

✓ _____ Rejected
 • _____ Adverse
 - (Through appeal) _____ Contested
 + _____ Restricted
 H _____ Non-decided
 I _____ Intimidation
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
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